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SENATE APPROPRIATIONS COMMITTEE

STATEMENT OF
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BEFORE THE
SENATE APPROPRIATIONS COMMITTEE
SUBCOMMITTEE ON DEFENSE
ON
THE NAVY NURSE CORPS
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Good morning, Chairman Stevens, Senator Inouye and distinguished members of the Committee. I am Rear Admiral Christine Bruzek-Kohler, the 21st Director of the Navy Nurse Corps and the Naval Medical Inspector General. It is an honor and privilege to speak before you about our outstanding 4,500 Active and Reserve Navy Nurses and their contributions in operational, humanitarian and traditional missions at the home front and abroad. We have had many challenges facing us over the past year including the continuing War in Iraq, the Global War on Terrorism and the recent devastation of Hurricanes Katrina and Rita. Based on the magnificent performance of our Navy Nurses answering the call to duty at a moment's notice and the support of our outstanding Civil Service and contract nurses, I am confident that we successfully meet all challenges with commitment and dedication while providing hope and comfort to all those in need.

The future success of the Navy Nurse Corps depends on our ability to clearly articulate our military relevance and alignment with the goals of the Navy and Navy Medicine. To accomplish this, our nurse leaders recently met to review our strategic goals and objectives in 2005 and determine where we need to be in 2006 and beyond. The outcome of this meeting resulted in the establishment of five priorities for Navy Nursing, specifically aligned with the vision and goals of the Chief of Naval Operations and our Surgeon General. To chart our course and navigate our achievements into the future, these five priorities include: emphasis on clinical proficiency to sustain our readiness; validation of Nurse Corps requirements and force shaping; review of the processes to match educational opportunities to requirements; improved management and leadership development for mid-level Nurse Corps officers; and a formalized leadership

continuum for senior Nurse Corps officers entering executive level positions. Addressing each category, I will highlight our achievements and issues of concern.

Readiness and Clinical Proficiency

Throughout the career continuum, all Navy Nurses must be responsive, capable and continually ready to maintain mission essentiality. We must be clinically proficient to quickly deploy, arrive on the scene whether it is New Orleans or Baghdad, and deliver the finest nursing care. Solid clinical competencies ranging from the fundamentals to specific wartime specialties serve as the foundation to enhance the depth and quality of nursing care in all environments. To meet these challenges, we remain on the cutting edge of clinical nursing to provide the finest care to our Sailors and Marines, while welcoming opportunities to participate in a joint service environment.

During the past year, Navy Nurses from both active and reserve components were deployed throughout the world as members of joint, multi-national, Marine Corps and Navy missions, recording over 60,000 days in support of and training for our missions. Operational units were located in Kuwait, Iraq, Djibouti, Afghanistan, Bahrain, Qatar, Thailand, Indonesia, Sri Lanka, New Guinea, Pakistan, Guantanamo Bay, Cuba and along our own Gulf Coast to provide assistance to Hurricanes Katrina and Rita victims. Nursing care services for both operational and humanitarian missions were delivered by Surgical Teams, U.S. Marine Corps Surgical Companies, Shock Trauma Platoons, and the Forward Resuscitative Surgical Systems, including the Enroute Care System Teams for casualty evacuation. In addition, care was provided in Expeditionary Medical

Facilities; on Navy and Hospital ships including aircraft carriers; and at our military treatment facilities.

Ultimately supporting warfighting capability, Navy Nurses are at the front, developing and implementing numerous health care programs to assist active duty personnel and their families. With the prevalence of combat and operational stress, mental health nurses are providing immediate interventions at the front, assisting our troops to cope; through humanitarian missions, providing aid to natural disaster victims; and to our military treatment facilities, enhancing access to care for our military personnel and their families. Through the Medical Rehabilitation Platoon Program at Camp Geiger, North Carolina, nurses have closely coordinated the medical care of our Marines, decreasing their length of stay in the program and increasing their timely return to full duty for training. As active participants in Operation Special Delivery at Twenty-Nine Palms, California, nurses received Honorable Mention through the Admiral Thompson Awards Program for Community Relations. As trained doulas, they provide physical, emotional and information support to women with deployed spouses before, during and after childbirth. Partnering with volunteer Project Hope nurses, our Navy Nurses of all specialties assisted devastated Americans along the Gulf Coast and onboard the Hospital Ship Comfort, providing the best quality of care with pride. The most noteworthy accomplishments included providing emergency trauma care, completing over 900 screenings for trauma indicators and crisis management; implementing preventive mental health interventions for local relief workers; and establishing a Mother Baby Unit.

Our nurses continuously seek specialized training to enhance their critical wartime nursing specialties to safely administer immediate and emergent care in any situation. To provide comprehensive care for our trauma casualties, Navy Nurses have maximized available training opportunities through the Navy Trauma Training Course at the Los Angeles County/University of Southern California Medical Center with their operational platform team members; the Tri-service Combat Casualty Course in San Antonio, Texas for all nurses; and the Military Contingency Medicine/Bushmaster Course for our students at the Uniformed Services University Graduate School of Nursing in Bethesda, Maryland.

Joint training opportunities in critical wartime nursing specialties in both military and civilian medical communities are essential to enhance our mission-ready capabilities. Navy Nurses in Guam, Marianas Island have rendered assistance to Air Force nurses in maintaining their critical readiness skills. In return, our nurses have attended the Air Force Critical Care Air Transport Team Training in San Antonio, Texas to optimize medical evacuation efforts. Coordinating with Landstuhl Regional Medical Center in Germany, our nurses from Naples, Italy have been able to enhance their clinical skills in emergency room, critical care, advanced medical-surgical and complicated obstetrics. Our nurses in Yokosuka, Japan have invited the Japanese Self Defense Force nurses to their Trauma Nurse Core Courses, fostering goodwill relationships. Supporting the concept of interoperability, Navy Nurses in the reserve component have worked seamlessly with the Defense Medical Readiness Training Institute, sponsoring and teaching three professional programs pertaining to trauma. A total of 50 courses in Advanced Burn Life Support, Combat Trauma Nurse Curriculum and Pre-Hospital

Trauma Life Support were conducted on-site at San Antonio, Texas and exported to several regional training sites to maximize participation, such as in Camp Pendleton, California; Great Lakes, Illinois; Dallas, Texas; and Fort Gordon, Georgia.

Within and across our military treatment facilities, we optimize all cross-training opportunities to maintain clinical proficiency for our operational assignments. We continue with robust Nurse Internship Programs at our three Medical Centers at Bethesda, Maryland; Portsmouth, Virginia; and San Diego, California. With the return of Sailors and Marines from Iraq with complicated trauma wounds, we have focused more intensive training to become certified wound care specialists. Aligned with professional standards of practice, we have adopted the Essentials of Critical Care Orientation by the American Association of Critical Care Nurses as our primary didactic critical care training curriculum, augmented with on-site clinical rotations at our larger military treatment facilities. The successful Post Anesthesia Care Course at Bethesda, Maryland has included a total of 30 Army and Air Force nurses and medics in addition to Navy personnel in the past year, and has been exported to other Navy military treatment facilities due to its strong clinical content and application.

Collaborating with our civilian medical communities, our nurses in Jacksonville, Florida maintain an agreement with Shands Medical Center to train in their intensive care unit, emergency room and neonatal ward. In addition, at the Medical University of South Carolina, our nurses in Charleston participate in a two-week trauma orientation to sustain their clinical readiness. In our outreach support of community education, we have provided clinical experiences and preceptors to nursing programs throughout the United States. We have also participated in collaborative training groups, such as the Greater

Washington Area Consortium for Critical Care Nursing Education. These examples are only a few of the many courses and training sessions taking place on a regular basis to maintain clinical proficiency and optimize operational readiness.

Requirements and Force Shaping

Maintaining the right force structure is essential in meeting Navy Medicine's overall mission through validated nursing specialty requirements, utilizing the talent and clinical expertise of our uniformed and civilian nurses. Focused on our operational missions, our wartime specialties include nurse anesthesia, critical care, emergency, mental health, medical-surgical and perioperative nursing.

The national nursing shortage, compounded by competition with civilian institutions as well as other federal sectors, has resulted in direct accession recruiting shortfalls over the last two years. For that reason, we continue to closely monitor the status of our pipeline scholarship programs, which include the Nurse Candidate Program, the Medical Enlisted Commission Program, the Naval Reserve Officer Training Corps Program, and the Seaman to Admiral Program. Rate increases were applied this fiscal year to our Nurse Corps Accession Bonus to attract new applicants to the naval service. In addition to increasing the accession bonus and stipend for the Nurse Candidate Program, we have recently increased our recruitment goals for this program by 20 nursing students.

Retention of active duty Nurse Corps officers has posed a bigger challenge, with retention rates after the first four years of commissioned service ranging from 54 to 72 percent for all accession categories and decreasing further beyond 4 to 7 years of service.

At the end of calendar year 2005, our manning end strength decreased to 94% in the active component, with a deficit of 175 Navy Nurses. Within our wartime specialties, shortfalls have been identified in critical care with an end strength of 57%, nurse anesthesia at 84% and perioperative nursing at 90%. To counter these deficiencies, the Health Professions Loan Repayment Program was recently implemented for recruitment and retention purposes. In addition, the Certified Registered Nurse Anesthesia Incentive Special Pay was increased. We will continue to closely monitor our end strength through the year, evaluate newly initiated programs and explore other options to retain our talent at the 4 to 10 years of service level.

In the reserve component, our critical wartime specialties also pose a recruitment and retention challenge in mental health nursing, perioperative nursing and nurse anesthesia. For that reason, Fiscal Year 2006 Nurse Accession Bonuses are focused on these specialties. We had a record of success during the past fiscal year with the Nurse Accession Bonus when it was offered for the first time to professional nurses with less than one year of experience. Since there is a national nursing shortage of perioperative nurses, our six-week perioperative nursing training programs in Jacksonville, Florida and Camp Pendleton, California now include our reserve nurses. As a pipeline program, our Hospital Corpsman to Bachelor of Science in Nursing Program has resulted in three Nurse Corps Officers entering the reserves since its inception two years ago, with twenty-three participants who will graduate within the next one to two years. With our increased rate of mobilization to Kuwait and to our military treatment facilities, it is imperative that we meet our nursing specialty requirements and explore all options to support our recruitment and retention efforts.

Civil Service nurses are the backbone of professional nursing practice in our military treatment facilities as the frequency of deployment schedules increases for our uniformed personnel. We continue to encourage the use of authorized compensation packages to retain our talented nurses through recruitment, retention and/or relocation bonuses to meet staffing requirements. Last year, we implemented Special Salary Pay rates granted under Title 38 at five military treatment facilities in San Diego, California; Camp Pendleton, California; Twenty-Nine Palms, California; Great Lakes, Illinois; and Bethesda, Maryland to compensate for on-call, weekend, holiday, and shift differential duty, resulting in satisfaction to staff members and leadership. In addition, we have recently implemented the Accelerated Promotion Program in San Diego, California to recruit novice nurses with less than one year of experience, who have been integrated into their Nurse Internship Program to develop solid clinical skills.

Our success in meeting the mission in all care environments requires that we continuously reassess our measures of effectiveness, adjust personnel assignments, transfer authorized billets, and revise training plans. To maximize our performance, it is imperative that we pursue funding to recruit and retain our exceptionally talented nurses to meet our staffing requirements. We will also closely monitor the national nursing shortage projections and the civilian and federal compensation packages to determine the best course for us to take in this competitive market.

Education Programs and Policies

The Navy Nurse Corps provides state-of-the-art nursing care around the world, 365 days a year by continually adapting to the ever-changing healthcare environment. We

accomplish this by maintaining our competitive edge beyond the status quo through a variety of initiatives. On an annual basis, we shape our graduate education training plan based on our health care and operational support requirements. We select our most talented nurse leaders to attend accredited universities around the country to attain their masters and doctorate degrees, which has also proven to be an invaluable retention tool. In addition, a plethora of continuing education courses and specialized training opportunities are available to further enhance solid clinical skills.

The success of our graduate education and specialized training is exemplified through the remarkable impact of our professional achievements in Navy Medicine and across the Department of Defense. Our advance practice nurses lead the way in building upon our reputation of outstanding patient care by incorporating evidence-based clinical practice guidelines and multi-site protocols to improve patient outcomes. Through the Evidence-Based Consortium developed by nurses from Bethesda, Maryland, and Portsmouth, Virginia with Walter Reed Army Medical Center, team training has resulted in a focus on primary surgical wound dressings, alcohol withdrawal assessment and peripheral intravenous therapy. In collaboration with the Washington State Hospital Association as part of Institute for Health Care Improvement initiatives, our nurses in Bremerton, Washington have participated in the implementation of three clinical practice guideline protocols: elimination of nosocomial infections, prevention of ventilator associated pneumonia and prevention of central line infections. Each protocol consists of a group of interventions resulting in better outcomes, a reduction in mortality, and cost containment. Nurses at Bethesda, Maryland are involved in a TRI-STATE initiative implementing similar protocols, in addition to the Critical Care clinical practice

guideline. Through the Pain Management Clinic at Jacksonville, Florida, civilian referrals have been reduced and patient satisfaction increased, resulting in significant cost avoidance.

The focus on military nursing research is essential to successful patient outcomes and quality care. Sponsored by the TriService Nursing Research Program, the collaborative multi-phase Evidence Based Practice Improvement Project between National Naval Medical Center and Walter Reed Army Medical Center plans to implement six nursing practice guidelines at each site. Our Navy Nurses have developed guidelines for pain management, falls prevention and neonatal tactile stimulation and thermoregulation. A sample of funded research studies includes: Retention of Recalled Navy Nurse Reservists Following Operation Iraqi Freedom; Oxidative Stress and Pulmonary Injury in U.S. Navy Divers; Coping Interventions for Children of Deployed Parents; and Focused Integrative Coping Strategies for Sailors, a Follow-Up Intervention Study.

There have been numerous publications attesting to the expertise of our Navy Nurses, such as in *Advances of Neonatal Care*, *Archives of Psychiatric Nursing*, *Association of Operating Room Nurses Magazine*, *Journal of Cardiac Failure* and professional textbooks. In addition, Navy Nurses have been invited to present innovative practice and research findings at Sigma Theta Tau Nursing Honor Society's International Nursing Research Congress; the Annual Meeting of the Association of Military Surgeons of the United States; the 18th Annual Pacific Research Conference, and many more. Of prestigious note, two of our Navy Nurses were invited to coordinate and present a symposium entitled "Military Nursing Care: Land, on the Sea and in the Air" with Army

and Air Force colleagues at the Biennium Conference for Sigma Theta Tau International focusing on burn care, quality of life and nursing care delivered in austere environments.

It is this personal dedication to the highest clinical proficiency and continuing education that makes us proud members of the military healthcare system today and tomorrow. As the scope and practice of nursing continues to grow, we must make sure that we continue to be closely aligned with Navy Medicine and the Line community.

Mid-level Leadership/Senior Leadership Development

The last two priorities consist of improving management and leadership development for mid-level Nurse Corps officers and formalizing the leadership continuum for senior Nurse Corps officers entering executive level positions. Leadership development begins the day our nurses take the commissioning oath as Naval Officers and is continuously refined throughout an individual's career with increased scope of responsibilities, upward mobility, and pivotal leadership roles within the field of nursing and health care in general. Our Navy Nurses are proven strategic leaders in the field of education, research, clinical performance, and health care executive management. To insure we continue this legacy of nursing excellence, it is critical that we identify those leadership characteristics and associated knowledge, skills and abilities that are directly linked to successful executives in Navy Medicine. This information will provide the basis for ongoing leadership development of our mid-grade officers as they advance in their leadership and management positions and experiences.

To meet today's challenges, nurse leaders must be visionary, innovative and actively engaged across joint service and interagency levels to maximize our medical

capabilities and achieve new heights of excellence. As one of many examples, a Navy Nurse recently assumed command of the Expeditionary Military Facility at Kuwait, which is comprised of personnel from 22 Navy Medical Commands. Navy Medicine Emergency Management Program nurses are developing a comprehensive strategy to guide our efforts to prevent or deter health consequences of natural or international attacks. Navy Nurses are involved in the multi-faceted development of a Federal Health Care Facility as part of the Veterans Affairs / Department of Defense partnering project. Within the Reserve Component, our dedicated Navy Nurses are in key leadership positions in their units, as well as in their civilian organizations, professional associations and local communities. Of particular note, our nurse leaders in the Navy Reserve Operational Health Support Unit at Jacksonville, Florida attended training at the Air National Guard's Mentoring Conference, prior to developing and coordinating the Navy's Mentoring Initiative. Effective partnerships have resulted in positive mentoring experiences between junior and senior officers, promotions, advancement to leadership positions, and professional development.

Closing Remarks

From World War I to the present War on Terrorism, active and reserve Navy Nurses have answered the call of a grateful nation and created a legacy for all of us. As we near the 100th anniversary of the Navy Nurse Corps, we are most proud of being integral members of the One Navy Medicine Team through an outstanding record of partnering with civilian and military health care teams, ensuring a better tomorrow for all. Our nurses provide the finest care worldwide and make a positive and meaningful

difference in the lives of our Sailors, Marines, their dependents and our retired heroes. The basis of our future requires that we align with the mission of our armed forces while adapting to the advances in professional nursing practice. The uniqueness of military nursing is our dynamic ability to seamlessly integrate the critical nursing specialties into the personal needs of the troops on the field and at sea. Indeed, we will continue the exemplary tradition of Navy Nursing Excellence by focusing on interoperability and working side by side with colleagues from each service with personal pride.

I appreciate the opportunity of sharing the accomplishments and issues that face Navy Nursing. I look forward to working with you during my tenure as Director of the Navy Nurse Corps.